

**PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY
(PRTF)**

**HOME AND COMMUNITY BASED SERVICES WAIVER
(HCBS)**

FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE (SED)

Provider Policy Manual

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY HOME AND COMMUNITY BASED SERVICES WAIVER FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE

Acronyms

ACS:	Affiliated Computer System
ALOS:	Average Length of Stay
APS:	Adult Protective Services
CBCL:	Child Behavior Check List
CMHB:	Children's Mental Health Bureau
CMS:	Centers for Medicare and Medicaid Services
CON:	Certificate of Need
CPS:	Child Protective Services
DPHHS:	Department of Public Health and Human Services (Department)
FHSM:	First Health Services of Montana (First Health)
HCBS:	Home and Community Based Services Waiver
HRD:	Health Resources Division
LOC:	Level of Care
PA:	Prior Authorization
PD:	Project Director
PM:	Plan Manager
POC:	Plan of Care
PRTF:	Psychiatric Residential Treatment Facility (same as RTC)
QMS:	Quality Management Strategy
RTC:	Residential Treatment Facility (same as PRTF)
SED:	Serious Emotional Disturbance
SOR:	Serious Occurrence Report
WY:	Waiver Year

Manual Content Updates

September, 2008	Referral process clarified; formatting

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY HOME AND COMMUNITY BASED SERVICES WAIVER FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE

Introduction to the Psychiatric Residential Treatment Facility (PRTF) Waiver Program

Montana was one of ten states awarded the PRTF Demonstration Grant through the Deficit Reduction Act of 2005. The Centers for Medicare and Medicaid Services (CMS) required states to complete a Home and Community Based Services Waiver application, which was approved effective October 1, 2007. The PRTF Grant is a five year grant with the possibility of becoming a Home and Community Based Waiver at the end of the fifth year. This PRTF Waiver program is not available statewide; it began in Yellowstone County and will move into four other counties within the next five years. Only the youth enrolled in the PRTF Waiver (program) are eligible for the waiver services.

Eligibility

A youth must:

1. be age 6 through 16;
2. meet SED clinical criteria (Appendix B);
3. be eligible for Medicaid;
4. meet level of care/certificate of need admission criteria for inpatient (psychiatric) residential treatment facility;
5. reside in an area of the state where the waiver program is available;
6. choose to be in the waiver program;
7. be able to remain in the community through the availability of an appropriate package of services designed to address multiple needs;
8. have a viable, consistent living environment;
9. have parent(s) or other responsible caregiver with physical custody committed to supporting and participating in the waiver program;
10. receive waiver services and Medicaid state plan services that do not exceed the cost of services provided in a psychiatric residential treatment facility.
11. not be receiving service through another Medicaid funded home and community based services program; and
12. not otherwise receive Medicaid funded case management services.

Purpose

To provide home and community-based services as an alternative for youth who meet criteria for psychiatric residential treatment facility (also referenced as residential treatment center) level of care, using a community-based wraparound service delivery model.

Wraparound Service Model

The Plan Manager, an employee of the Department of Public Health and Human Services located in the regions of the state where the PRTF waiver is operational, is responsible for developing the plan of care in collaboration with the youth, parent(s) or responsible caregiver having physical custody, and appropriate health care professionals and others who treat or have knowledge of the youth's mental health and related needs. The Plan Manager prior authorizes all PRTF waiver services.

Services will be provided through a wraparound service model that includes the youth and family and will be structured to provide the supports needed to safely maintain youth in their home and community.

Waiver Services

1. Consultative Clinical and Therapeutic Services

This service is specifically designed to provide the youth's treating physician or midlevel practitioner an opportunity to consult with a psychiatrist regarding diagnosis, treatment, behavior and medication management. Both the treating physician/midlevel practitioner seeking consultation and the psychiatrist providing consultation are reimbursed under the waiver.

2. Customized Goods and Services

This service is for waiver participants to purchase services/goods not provided by Medicaid. The funds will be utilized to access supports designed to improve and maintain the youth's opportunities for membership in the community, socialization, and enrichment, as specified by the individual Plan of Care. Funds are limited to \$200 per youth per year of waiver enrollment. The use of the funds must be related to one or more of the following outcomes:

- Success in school
- Maintaining the youth in the home
- Development and maintenance of healthy relationships
- Prevention of or reduction in adverse outcomes, including arrests, delinquency, victimization and exploitation
- Becoming or remaining a stable and productive member of the community.

3. Education and Support Services

These services have been designed to provide support for families parenting youth with severe emotional disturbance through information and skill-building in coping skills, dealing with schools and advocacy.

4. Home-based Therapist

Home-based therapists are licensed mental health professionals who provide face-to-face, individual and family therapy for youth/family in the family home at times convenient for the family and youth.

5. Non-emergency Transportation

Non-emergency Transportation enable participants to gain access to Waiver and other community services, supports, activities and resources specified by the individual service plan.

6. Respite Care

This service is designed to help meet the needs of the youth's caregiver and to reduce the stress generated by the provision of constant care to the individual receiving waiver services.

- a. Providers are selected in collaboration with the youth and parents.
- b. Respite services can be offered in the youth's home, out of home, or in a licensed facility i.e., youth shelter or group home.
- c. Respite services cannot be provided in inpatient psychiatric residential treatment centers.

Selection of Entrants into the waiver

Entrance into the PRTF Waiver will be on a first-come, first-served basis for those who meet the criteria for participation. Once a waiting list has been established, youth will be individually evaluated according to Psychiatric Residential Treatment Facility level of care criteria; mental, medical and psychological impairment; risk of deterioration without services; risk of institutional placement; need for supervision; need for formal paid services; assessment of informal supports; assessment of relief needed for primary caregiver; and assessment of health and safety issues that place the individual at risk.

The Plan Manager will manage the waitlist, which will be submitted to the Project Director at the Children's Mental Health Bureau/Health Resources Division of the Department of Public Health and Human Services. On a quarterly basis, the Plan Manager will review waiting lists in the geographic area where the waiver is available and forward the information to the Project Director and the Children's Mental Health Bureau Chief, who will determine when to re-allocate unused capacity to areas where additional capacity may be needed. Reallocation will occur following quarterly review of the waiting list information.

Referral Process for the PRTF Waiver

Referral source submits:

1. Referral Packet to Plan Manager. The Referral Packet includes:
 - a. Referral Form;
 - b. Release of Information Form (to share information with Plan Manager); and
 - c. Any other information on the child such as Clinical Assessments, Psychiatric Reports, Psychological Reports, etc.
2. The Certificate of Need (CON) Form to First Health of Montana, Fax Number 406-449-6253.

Plan Manager will:

1. Meet with the family and youth to discuss the program; the Wraparound Service Delivery Model; alternatives to the program; eligibility requirements and begins to help identify the individuals that the family chooses to be part of the plan of care meeting.
2. Verify Medicaid eligibility.
3. Contact referral source indicating family has chosen to be a part of the PRTF Waiver.
4. Will send referral form to First Health of Montana.
5. If approved by First Health, arrange the Plan of Care development meeting with all team members as identified by the youth and family.

First Health reviews information and makes a decision if the youth meets PRTF level of care.

1. If First Health denies, a denial letter is sent to family, referral source and the Plan Manager*.
2. If First Health approves, a letter of notification is sent to the Referral Source, youth and family and the Plan Manager.

*In a situation where First Health determines that the youth does not meet PRTF level of care criteria, the Plan Manager will conduct an on-site review of the needs, situation and status of the youth. If the additional information gathered warrants a change in First Health's determination, the Plan Manager will consult with First Health. A thorough review of the youth's records, Child Behavior Check List (CBCL) results, and history will be conducted for all whom there is reasonable indication that services may be needed.

Plan of Care Development Process

The Plan Manager, in collaboration with the youth, family, and others identified by the family, develops the youth's plan of care and projected cost sheet information.

1. All individuals participating in the development of the plan of care must sign the plan of care. The Plan Manager will provide copies of the plan of care to the youth and family.
2. The plan of care and cost sheet are submitted to the Program Director, Children's Mental Health Bureau in Helena, MT for final approval.

3. Upon receipt of approved plan of care and cost sheet, the Plan Manager will distribute and collect CBCL for the enrolled youth.

Number of Youth Served

The following specifies the maximum number of youth who are served each year of the waiver.

Waiver Year 1 – Maximum number of youth served at any point during the waiver year:	20
Waiver Year 2 – Maximum number of youth served at any point during the waiver year:	50
Waiver Year 3 – Maximum number of youth served at any point during the waiver year:	100
Waiver Year 4 – Maximum number of youth served at any point during the waiver year:	100
Waiver Year 5 – Maximum number of youth served at any point during the waiver year:	100

Consistent with the maximum number of youth specified above, the Department may limit to a lesser number of youth who will be served at any point in time during a waiver year.

Individual Cost Limit

The Department will refuse entrance to the waiver to any otherwise eligible youth when the Department reasonably expects that the cost of the home and community-based services furnished to that youth would exceed 100% of the cost for inpatient psychiatric residential treatment facility care and services.

Health and Safety

Prior to Enrollment: A comprehensive assessment and review of the service records will be used to identify the formal and informal service needs of the youth in context with provider capacity and availability. The Department reserves the right to refuse enrollment in the PRTF Waiver if the plan of care cannot reasonably assure the health, welfare and safety of the youth. Additionally, the Department can refuse to accept a youth even if s/he otherwise meets the criteria for the target population, but has a co-occurring medical or other condition that would significantly raise the cost for Medicaid care to a cost above 100 percent of the institutional cost. The youth and legal guardians would receive appropriate notification of appeal rights.

After Enrollment: Continuous monitoring of the health, welfare and safety of PRTF Waiver participants and their families will be made via the Plan Manager via monthly visits, Home-based Therapist, and routine contacts between the participants and providers. The Home-based Therapist, Plan Manager and other providers will receive training in identification of abuse, neglect and exploitation, and in taking appropriate action should the health and welfare of the participants be in jeopardy. All persons employed by an agency participating in the waiver program are mandatory reporters of suspected abuse, neglect or exploitation of children, elderly, or consumers with disabilities. They are also required to complete a Critical Incident Report or Serious Occurrence Report (SOR), DPHHS-MA-129, when warranted.

All referrals where there is suspected abuse, neglect, exploitation or other unlawful activity will be immediately reported to the appropriate authority. The Plan Manager will be made aware of the referrals through interactions with PRTF Waiver youth enrolled in the program and families and provider agencies. The Plan Manager will follow up with the appropriate authority to ensure the health and safety of PRTF Waiver participants. The authority responsible for the investigation may not be able to share investigation results due to confidentiality of the investigation, but the Plan Manager will monitor the services provided to PRFT Waiver enrollees and make changes within the plan of care as necessary. The Plan Manager will work with Waiver services providers, should the investigation involve providers. The Plan Manager will be apprized of all serious events, and will be responsible for tracking serious events and bringing situations to the attention of the Children's Mental Health Bureau Chief. The

Bureau Chief will ensure there is adequate training and monitoring of specific providers in the event there appears to be a common pattern being established in any of the Waiver sites.

Evaluation/Re-Evaluation

Level of care evaluations and reevaluations are performed by the Department's contractor, First Health. First Health completes a review to determine that the youth meets level of care requirements for enrollment for PRTF. Pre-admission determination involves reviewing Serious Emotionally Disturbed (SED) criteria; Certificate of Need (CON) and clinical information received from community providers based on established protocols for a PRTF level of care. The level of care review is performed to evaluate the medical, psychological, and social needs of the youth. The reevaluation process is the same. Level of care evaluations occur prior to the youth enrolling in the PRTF Waiver and every six months after enrollment.

Reasonable Indication of Need for Services

In order for a youth to be determined to need waiver services, the youth must require the provision of one waiver service per month, as documented in the plan of care.

Termination from the PRTF Program

1. The services, as provided for in the plan of care, are no longer appropriate or effective in relation to the youth's needs.
2. The failure of the youth or parent(s) or responsible caregiver having physical custody to participate in or support the services as provided for in the plan of care.
3. The behaviors of the youth place the youth, the youth's caregivers or others at serious risk of harm or substantially impede the delivery of services as provided for in the plan of care.
4. The youth requires more supervision than the program can provide.
5. The youth's needs, inclusive of physical and mental health, cannot be effectively or appropriately met by the program.
6. A necessary service or ancillary service is no longer available.
7. The mental health of the youth is deteriorating in some manner so as to preclude the youth's participation in the program.
8. The total cost of the youth's plan of care is not within the limits.
9. The youth no longer requires the level of care of psychiatric residential treatment facility.
10. The youth no longer meets the clinical criteria of serious emotional disturbance.
11. The youth no longer resided in a geographic service area.
12. The youth has attained age 17.
13. The youth's parent(s) or the responsible caregiver having physical custody chooses to withdraw the youth from the program.

Transition Planning

The youth becomes ineligible for the PRTF waiver when s/he turns 17. When the youth reaches age 16, the Plan Manager will begin developing a transition plan of care. The youth will be evaluated to determine the services needed as well as the appropriate service delivery models. PRTF Waiver service providers, the family, the youth and the Plan Manager will work together to create an individualized transition plan. If continued services are indicated, the youth will be connected to appropriate community services, including regular state Medicaid treatment services as medically appropriate. The services included in the transition plan may include some of the supports the youth has already connected with. Six months prior to discharge, as appropriate, the Plan Manager will gradually begin adjusting the frequency of contact and begin introducing the youth to the identified alternative providers until contact is phased out and a positive, seamless transition has been achieved.

Quality Management

In general, the PRTF Waivers Quality Management (QM) process will involve strategies to ensure that youth and families have access to – and receive – the services appropriate to their needs. This will require ongoing development and utilization of individual quality standards, and will include working with Plan Managers, youth and families and other PRTF waiver providers in the evaluation of progress toward personal outcomes and goals.

The QM process will also involve strategies designed to collect and review data on quality assurance measures gathered from numerous participants in the Wraparound Services process, including providers, youth and family members. Provider standards and quality indicators will be used to ensure that all quality assurances are met.

Annual performance audits will be conducted by the Project Director to ensure adherence to the Waiver policies, practices, and guidance and to identify any deficiencies and/or trends. Practices are anticipated to continuously evolve in response to emerging standards, best practices and identified issues. The approach to ensure effectiveness of the QM will include process-based evaluation as well as ongoing review of financial records, including expenditures. The first year's monitoring practices will be designed to assess initial systems-level functioning; results will be utilized to make the changes needed to ensure success when the PRTF Waiver is implemented in an additional city in Year Two. The PRTF Waiver will also cooperate fully with the CMS national evaluation strategies and requests.

Data will be collected on all PRTF Waiver participants, their progress, service use, length of time participants stay in the Waiver, cost per individualized Plan of Care and aggregate cost, in context with such factors as improvement in Level of Care and reduced dependence on Waiver and other services.

CMHB staff will perform announced quality assurance reviews, to ensure that optimal services are being provided to youth and families, and that program rules and policies are being followed. Quality assurance results will be used to identify and improve programs and services.

The Quality Management Committee will serve as an intermediate quality improvement entity. Its role will be to monitor the discovery activities of the Plan Managers; to evaluate their submitted information; and to participate in policy decisions that address provider or system deficiencies. They, in turn, will report to CMS and Department Administration through formal quality assurance reports.

Qualified Providers and Payment for Waiver Services

The Department will establish the qualifications needed for all providers who participate in delivering PRTF Waiver services. Medicaid Waiver providers must meet required licensure and/or certification standards and adhere to other standards in order to be approved to deliver Waiver services. ACS, the Department's contracted fiscal agent, is responsible for verifying licensure and compliance upon enrollment of service providers and provider agencies, and annually thereafter. If licensure, certification or other standards are not met during the annual re-verification, ACS will inactivate the provider number and notify the provider and the Department.

An established system for ensuring that only qualified providers are utilized to provide PRTF Waiver and other Medicaid services is in place for the State of Montana and for the Department of Public Health and Human Services. The PRTF Waiver will participate in ensuring the efficacy of these systems by reporting any abuses of the system or inappropriate activities by service providers participating in the PRTF Waiver to the appropriate entity (e.g., the Department or ACS). The Plan Manager, during reviews with the participants, will also ascertain whether providers are providing the appropriate services at the level specified in the plan of care. Areas of concern that may fall into suspected overpayments will be referred to the Audit and Compliance Bureau, Quality Assurance Division.

APPENDIX 'A' – SERVICE CODES AND REIMBURSEMENT

KEY
Per Diem = daily
UA = waiver service
PA = prior authorization required
PT = provider type (28 = waiver)

HOME-BASED THERAPY								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
H2021 UA	Community-Based Wrap-Around Services, Per 15 Minutes, Waiver Service	28	fee schedule	\$29.00	006	016	Y	rate established from current rate paid to licensed mental health professional plus an incentive for home based therapy
H2022 UA	Community Wrap-Around Service, Per Diem, Waiver Service (use for meetings)	28	fee schedule	\$30.00	006	016	Y	rate established to maintain cost effectiveness
RESPIRE								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S5150 UA	Unskilled Respite Care, Not Hospice; Per 15 Minutes, Waiver Service	28	fee schedule	4.50	000	999	Y	established rate used by other waivers
S5151 UA	Unskilled Respite Care, Not Hospice; Per Diem, Waiver Service	28	fee schedule	\$200.00	006	016	Y	rate established to maintain cost effectiveness
EDUCATION & SUPPORT								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
G0177 UA	Training & Education Services Related To Care & Treatment Of Disabling Mental Health Problems, Waiver Service	28	fee schedule	\$75.00	006	016	Y	rate established using cost information from provider of education and support services
NON-MEDICAL TRANSPORTATION								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
S0215 UA	Non-Emergency Transportation; Mileage Per Mile, Waiver Service	28	fee schedule	\$0.22	000	999	Y	established rate used by other waivers
CONSULTATIVE CLINICAL AND THERAPEUTIC SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
90899 UA	Telephone Call TO A PSYCHIATRIST By A Physician or Mid-Level Practitioner For Consultation; Waiver Service	28	fee schedule	\$120.00	006	016	Y	Psychiatrist is paid \$120; consulting physician or mid-level practitioner is paid \$80.
CUSTOMIZED GOODS & SERVICES								
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA	Comments
T1999 UA	Therapeutic items and supplies, not otherwise classified, waiver service	28	fee schedule	\$200.00	006	016	Y	\$200 per waiver year/youth; rate is a maximum amount that the waiver will support.

Additional information about billing Montana Medicaid for PRTF waiver services:

- All waiver services are prior authorized by the Plan Manager. The provider will receive a prior authorization number to include on the CMS 1500 claim when billing Montana Medicaid.
- Only those codes with the UA modifier listed above are valid for the PRTF waiver.
- All waiver services must be included in the plan of care.
- All waiver service providers must be enrolled as Montana Medicaid providers, provider type 28. ACS is the Department's fiscal agent for enrolling providers.
- The services listed above are PRTF waiver services and only available to youth enrolled in the PRTF Waiver.
- All rules governing the Montana Medicaid program are applicable to the PRTF waiver program.

APPENDIX 'B' – SERIOUS EMOTIONAL DISTURBANCE CRITERIA

Serious emotional disturbance (SED) means with respect to a youth from age 6 through 17 (for the PRTF waiver, through age 16), that the youth meets requirements of (a), and (b).

(a) The youth has been determined by a licensed mental health professional as having a mental disorder with a primary diagnosis falling within one of the following DSM-IV (or successor) classifications when applied to the youth's current presentation (current means within the past 12 calendar months unless otherwise specified in the DSM-IV) and the diagnosis has a severity specifier of moderate or severe:

- (i) childhood schizophrenia (295.10, 295.20, 295.30, 295.60, 295.90);
- (ii) oppositional defiant disorder (313.81);
- (iii) autistic disorder (299.00);
- (iv) pervasive developmental disorder not otherwise specified (299.80);
- (v) asperger's disorder (299.80);
- (vi) separation anxiety disorder (309.21);
- (vii) reactive attachment disorder of infancy or early childhood (313.89);
- (viii) schizo affective disorder (295.70);
- (ix) mood disorders (296.0x, 296.2x, 296.3x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89);
- (x) obsessive-compulsive disorder (300.3);
- (xi) dysthymic disorder (300.4);
- (xii) cyclothymic disorder (301.13);
- (xiii) generalized anxiety disorder (overanxious disorder) (300.02);
- (xiv) posttraumatic stress disorder (chronic) (309.81);
- (xv) dissociative identity disorder (300.14);
- (xvi) sexual and gender identity disorder (302.2, 302.3, 302.4, 302.6, 302.82, 302.83, 302.84, 302.85, 302.89);
- (xvii) anorexia nervosa (severe) (307.1);
- (xviii) bulimia nervosa (severe) (307.51);
- (xix) intermittent explosive disorder (312.34); and
- (xx) attention deficit/hyperactivity disorder (314.00, 314.01, 314.9) when accompanied by at least one of the diagnoses listed above.

(b) As a result of the youth's diagnosis determined in (a) and for a period of at least 6 months, or for a predictable period over 6 months, the youth consistently and persistently demonstrates behavioral abnormality in two or more spheres, to a significant degree, well outside normative developmental expectations, that cannot be attributed to intellectual, sensory, or health factors:

- (i) has failed to establish or maintain developmentally and culturally appropriate relationships with adult care givers or authority figures;
- (ii) has failed to demonstrate or maintain developmentally and culturally appropriate peer relationships;
- (iii) has failed to demonstrate a developmentally appropriate range and expression of emotion or mood;
- (iv) has displayed disruptive behavior sufficient to lead to isolation in or from school, home, therapeutic or recreation settings;
- (v) has displayed behavior that is seriously detrimental to the youth's growth, development, safety or welfare, or to the safety or welfare of others; or
- (vi) has displayed behavior resulting in substantial documented disruption to the family including, but not limited to, adverse impact on the ability of family members to secure or maintain gainful employment.